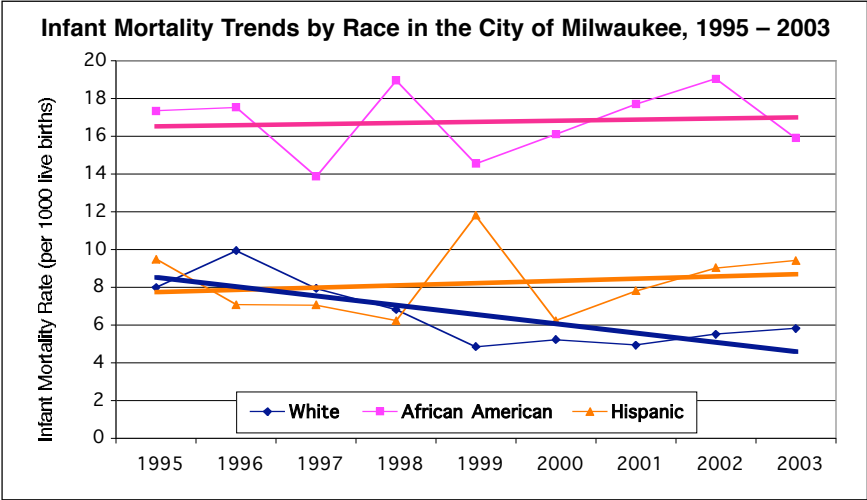


2003 Infant Mortality Disparity Fact Sheet

The City of Milwaukee’s infant mortality rate (IMR=number of infant deaths per 1000 live births) remains very high. While the White infant mortality rate in the last 15 years has improved, the African American and Hispanic infant mortality rates have fluctuated but have not improved. Milwaukee’s 11.3 IMR, in 2003 remains significantly higher than the United States IMR of 6.9 in 2003.¹ The city ranked a poor 40th for IMR among the 50 largest cities in the US,² and worse than countries such as Cuba, Chile, Poland, Costa Rica and Kuwait.³



City of Milwaukee Health Department, 1995–2003

2003 Infant Mortality Rates

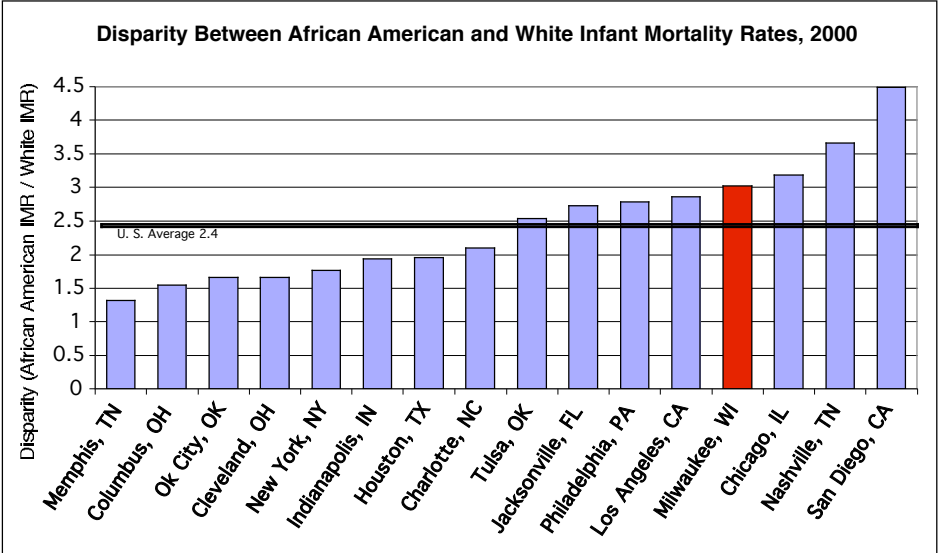
Race/Ethnicity	Milwaukee [§]		US ¹
	Births	IMR* (no. deaths)	
African Americans	4,907	15.9 (78)	14.1
Hispanics	2,126	9.4 (20)	5.9
Whites	3,442	5.8 (20)	5.8
Total Population	11,059	11.3 (125)	6.9

Note: Data not shown for other races due to low #s
* infant deaths per 1000 live births
[§]City of Milwaukee Health Department, 2003

In 2003, compared to White infants:

- African American infants were 2.7 times more likely to die
- Hispanic infants were 1.6 times more likely to die

In 2000, the infant mortality health disparity of African Americans as compared to Whites ranked Milwaukee as the 4th worst among the 16 US large cities which have both White and African American IMRs (see graph on right).



Big Cities Health Inventory, 2003

Infant Mortality Rates for Specific Causes of Death by Race

The table below lists the rates for the six most common causes of infant mortality in Milwaukee (2001-2003 data) compared to the US (2002 data)⁴. Infants born in the city are approximately three times more likely to die from prematurity or SIDS/SUDI (Sudden Infant Death Syndrome/Sudden Unexpected Death of Infancy), and six times more likely to die from homicides than all infants born in the US. In Milwaukee, prematurity, SIDS/SUDI, infection, and homicides are the major contributors to the disparity between the African American and the White IMR. Hispanic mortality rates for prematurity and homicide also are particularly high when compared to Whites in Milwaukee or all Hispanics in the US.

Cause of Death	Milwaukee total rate (no. of deaths)	US total rate	Milw. White rate (no.)	US White rate	Milw. Af. Am. rate (no.)	US Af. Am. rate	Milw. Hispanic rate (no.)	US Hispanic rate
Prematurity	5.62 (185)	2.05	2.17 (22)	1.54	8.87 (131)	5.32	4.14 (26)	1.57
Congenital	2.61 (86)	1.51	2.27 (23)	1.42	3.05 (45)	1.99	1.75 (11)	1.53
SIDS/SUDI	1.58 (52)	0.53	0.69 (7)	0.48	2.84 (42)	1.09	0.32 (2)	0.32
Infection	0.67 (22)	0.19	0.20 (2)	0.13	1.21 (18)	0.44	0.20 (2)	0.17
Mechanical or Positional Asphyxiation	0.52 (17)	0.21	0.39 (4)	0.18	0.47 (7)	0.51	0.48 (3)	0.13
Homicide	0.36 (12)	0.06	0.00 (0)	0.05	0.61 (9)	0.17	0.48 (3)	0.05

Factors Associated with Prematurity

Prematurity stands out as the greatest cause of disparity in Milwaukee; four times more African American infants die from prematurity than White infants. African Americans also have more premature births (14.0% of all births) than Whites (9.2%) and Hispanics (7.3%). Although more African Americans are dying from prematurity (because of their much higher percent of premature births) than Hispanics and Whites, extremely premature (<32 weeks gestational age) Hispanic and White infants are

more likely to die than African American infants. Mortality for African American mildly premature infants (32–36 weeks gestation) is slightly greater than for Whites and Hispanics. The most common risk factors for prematurity are all more common in African American births (and many are more common to Hispanic births) than White births:

- smoking
- lack of family planning
- teen pregnancy
- inadequate prenatal care

Smoking:

Smoking during pregnancy is well-documented to cause lower birth weight and premature births. Milwaukee ranks a poor 34th of 39 of the largest US cities for percent of women smoking while pregnant.² Smoking during pregnancy among the city’s African Americans is almost twice that of pregnant African Americans in the US:

- 15% of African American women smoked during pregnancy in 2003 (8.8 % in the US, 2002)⁵
- 13% of White women smoked during pregnancy in 2003 (15.0 % in the US, 2002)⁵
- 5% of Hispanic women smoked during pregnancy in 2003 (3.0 % in the US, 2002)⁵

Lack of Family Planning:

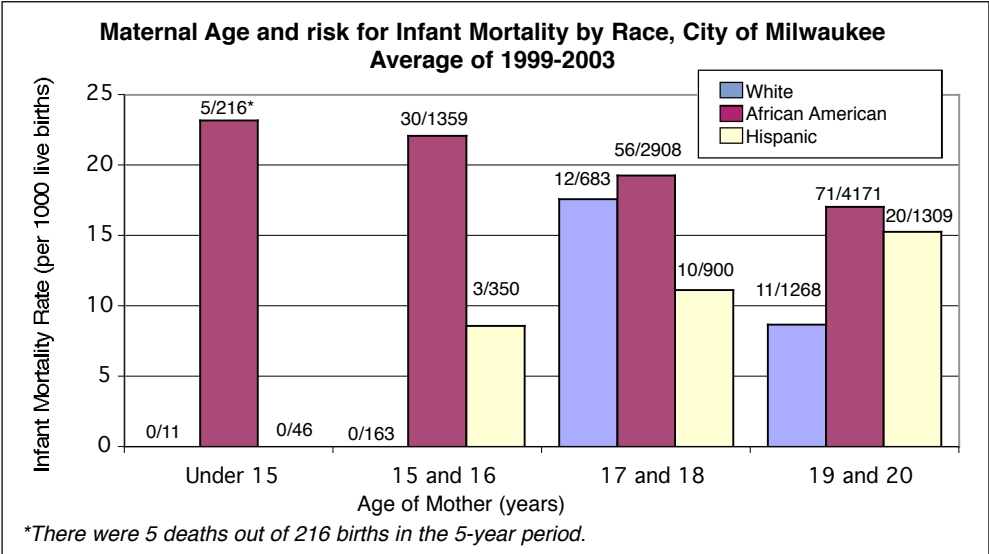
Poor birth spacing is associated with both prematurity and infant mortality. Milwaukee infants born to mothers with less than 13 months between pregnancies are three times more likely to die in their first year of life. Additionally, although not specifically associated with prematurity, infants of mothers 24 years or less who have had 4 previous pregnancies are three times more likely to die. In 2003, about 500 infants met these criteria, and nearly all were African American.

Teen Pregnancy:

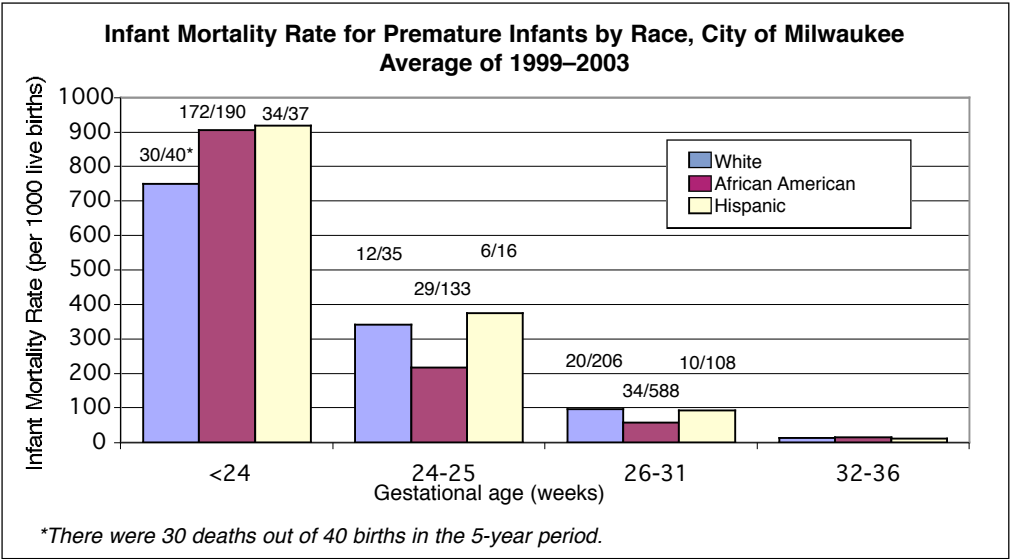
Teen pregnancy also is associated with a lack of family planning. It is associated with both prematurity and infant mortality. Mothers less than 18 years old giving birth in Milwaukee, in 2003 were:

- 67% African American
- 19% Hispanic
- 8% White

Not only are teen births more common among African Americans, African American teens are more apt to experience infant mortality, as seen in the chart below.



City of Milwaukee Health Department, 1999–2003



City of Milwaukee Health Department, 1999–2003

Inadequate Prenatal Care:

In Milwaukee, 31% of Hispanic, 26% of African American, and 12% of White mothers received inadequate prenatal care (defined as having no or delayed prenatal care) in 2003. In 2003, lack of insurance for non-US residents contributed significantly to inadequate prenatal care for Hispanics. Milwaukee was ranked 30th among the 50 largest US cities for adequacy of prenatal care in 2000 (defined as early initiation of care and frequency of visits).²

SIDS/SUDI and Infection as Causes of Infant Death

The primary preventable risk factor for Sudden Infant Death Syndrome (SIDS) and/or Sudden Unexpected Death in Infancy (SUDI) is lack of knowledge about safe sleeping environments. The safest sleeping position is placing an infant on his or her back to sleep; 31% of all city residents, and 44% of the city’s African American residents were not aware of this in 2001.⁶ Of the 10 infants dying of SIDS/SUDI, 9 were African American; and 9 out of the 10 were sleeping in an unsafe position/environment. Smoking (discussed above) also increases the risk of these deaths.

Deaths due to infection after an infant has been discharged from his or her birth hospital also may be the result of lack of knowledge. Of the 8 deaths to infants over one month of age who died of infection, 7 of the mothers did not know their infants were sick or did not know they urgently needed to see a doctor; and 6 of the 8 infants did not have routine well baby check-ups or did not have up-to-date immunizations.

References

Unless otherwise indicated, all Milwaukee data is from the City of Milwaukee Health Department’s Birth Certificate and Fetal Infant Mortality Review Data.

Fetal Infant Death Review Data (FIMR) supported by the Milwaukee Healthy Beginnings Project of the Black Health Coalition

- 1 National Vital Statistics Reports, Vol. 53, No. 15, February 28, 2005
- 2 Big Cities Health Inventory, 2003, National Association of County and City Health Officials, Benbow, N., editor. Washington, D.C. 2003.
- 3 The State of the World’s Children, 2005 at www.unicef.org.
- 4 National Vital Statistics Reports 2002 US Cause of Deaths, Vol 53 No 17 March 7, 2005
- 5 National Center for Health Statistics. Health, United States, 2004 With Chartbook on Trends in the Health of Americans. Hyattsville, Maryland: 2004.
- 6 Greater Milwaukee Survey, unpublished data collected and reported by UWM Institute for Survey and Policy Research.

Note: All race and ethnicity references in this document are defined as:
White = Non-Hispanic White
Hispanic = Includes all races, Hispanic ethnicity
African-American = Non-Hispanic Black
There are insufficient births to other races/ethnicities to analyze the data.